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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

	ent of the Treasury Revenue Service	Note. The four	ndation may	be able t	to use a copy of this	return to sati	stv state reno	rtına requirements.	2003
		r tax year beginning	raution may	00 0010	to add a dopy or time	, and e		ting requirements.	<u> </u>
	ck all that apply:	Initial return			Initial return of a fo			Final return	
u Olic	ck all that apply.	Amended re			Address chan	•	, ilaility	Name change	
Use th	el.	indation	•			90		A Employer identification	number
Other	· ·	eth Klein					<u>.</u>	16-1497511	
pri or ty	··· I	treet (or P O box number	if mail is not de	elivered to	street address)		Room/suite	B Telephone number	200
See Sp	<u>FO DOM</u>							(315)472-6	
Instruc	tions City of town	, state, and ZIP code nsville, 1			-0549			C if exemption application is pe	, check here
	ck type of organizat				rivate foundation			Foreign organizations med check here and attach cor	mputation Lest,
		nonexempt charitable						E If private foundation stat	us was terminated
	market value of all a	-	J Account	_		Accr	ual	under section 507(b)(1)((A), check here
	n Part II, col (c), li		0 0	ther (spe	ecify)			F If the foundation is in a 6	
▶ \$	Analysis of Day		(Part I, colu	mn (d)	must be on cash i	basis)		under section 507(b)(1)(
Part	(The total of amoun	renue and Expenses nts in columns (b), (c), and he amounts in column (a)	(d) may not)	(a exp) Revenue and Denses per books	(b) Net in	vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1		fts, grants, etc., receiv							
2	Check X If the Interest on savings	he foundation is not required to	attach Sch B						
3	cash investments				3,540.		3,540.	3,540.	Statement 1
4		terest from securities			12,503.	1	<u>2,503.</u>	12,503.	Statement 2
5	5a Gross rents								
	Net rental income or	(loss)		ļ					
ა [6	A Net gain or (loss) from Gross sales price for	m sale of assets not on li			<43,562.	>			
eu	b assets on line 6a		<u>,574.</u>				· · · · · · · · · · · · · · · · · · ·		
Revenue 2		ome (from Part IV, line 2)					0.	4 005	
_ 8	Net short-term-e	apital-gain-	5					4,996.	
9	Grace cales ace ref	tion ECEIVE							
	la and allowances		10 O						
	Less Cost of goods			<u> </u>					
	c Gross profit of [] Other income	oss)							
11	Total Addition	INGDEN, L	JT T		<27,519.	1	6,043.	21,039.	
13		ficers, directors, trustees,		<u> </u>	26,000.		0,043. 0.	21,039.	0.
14	•	salaries and wages	etc		6,971.		0.	0.	0.
15		•			0,511.		- 0.	0.	0.
ισ I	Sa Legal fees		nt 3		3,331.		0.	0.	0.
Sua	b Accounting fees		nt 4		2,300.		0.	0.	0.
Ř	c Other profession				2,0001				
9 17									
E 18		Str	nt 5		2,375.		0.	0.	0.
.E 19					•				
[20	Occupancy	-							
and Administrative Expense		es, and meetings							
[22	Printing and pub	lications			193.		0.	0.	0.
ည် 23	3 Other expenses	Str	nt 6		6,597.		5,199.	0.	0.
i <u>≣</u> 24	Total operating	and administrative						į	
Operating	expenses. Add l	nes 13 through 23		<u> </u>	47,767.		<u>5,199.</u>	0.	0.
25	. •	- '		<u> </u>	11,500.				11,500.
26	•	and disbursements.							
\perp	Add lines 24 and			ļ	59,267.		<u>5,199.</u>	0.	11,500.
27	7 Subtract line 26	from line 12:							
	& Excess of revenue of	ver expenses and disbure	sements		<86,786.				
		ncome (if negative, ente		ļ		1	0,844.		
\bot	c Adjusted net inc	OME (if negative, enter -0)-)					21,039.	

923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

923511 02-02-10 648,001

Form **990-PF** (2009)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Form 990-PF (2009) Eli	zabeth	<u>Klein Fou</u>	ndatio	n Inc.				<u> 16-149</u>	<u>7511</u>	Page 3
Part IV Capital Gains	and Loss	es for Tax on In	vestmen	t Income				-		•
		s) of property sold (e.g. common stock, 200 shs			(b) I	How ac - Purci - Dona	nase			te sold lay, yr.)
1a										
b See Attached	State	ments	_							
C										-
d					İ	_				
e										
(e) Gross sales price		reciation allowed r allowable)		st or other basis expense of sale			•	(h) Gain or (loss (e) plus (f) minus (
a			-			- 24				
b										
C				<u> </u>						
d								_		
e 204,574.				248,13	5				-43	,562.
Complete only for assets show		ımn (h) and owned hy t	the foundation		•		<i>(</i> 1)	Gains (Col. (h) gain		, , , , .
(i) F.M.V. as of 12/31/69	(j) A	djusted basis of 12/31/69	(k) E:	cess of col. (I)				(k), but not less that Losses (from col. (1 -0-) or	
a				-	一					
b	 				\neg					
<u>C</u>		-								
d					-				-112	,562.
<u>e</u>	l				_				<43	,502.
2 Capital gain net income or (net c	apıtal loss)	If gain, also enter If (loss), enter -0-	in Part I, line in Part I, line	7 7	}	2			<43	<u>,562.</u>
3 Net short-term capital gain or (lo	ss) as defined	in sections 1222(5) an	d (6):		ς Ι					
If gain, also enter in Part I, line 8					١I				_	
If (loss), enter -0- in Part I, line 8					لل	3			4	<u>,996.</u>
Part V Qualification L	Inder Sec	tion 4940(e) for	Reduced	Tax on Net	Inv	estm	rent Inc	ome	_	
(For optional use by domestic privat	e foundations	subject to the section 4	1940(a) tax or	net investment in	come	e.)				
If section 4940(d)(2) applies, leave t	this part blank	•								
Was the foundation liable for the sec	tion 4942 tax	on the distributable am	iniint of any v	ear in the base ner	od?				X Yes	□ No
If "Yes," the foundation does not qua				·	.00					
1 Enter the appropriate amount in					25					
	cach column		actions below	making any entire					(d)	
(a) Base period years Calendar year (or tax year beginn	וחם וט/	(b) Adjusted qualifying dist	tributions	Net value of no	(c) nchai	rıtable-	use assets	Diotribuition ratio		
	y,	. , , , ,						(0011 (0) 011		- (-//
2008		· · - ·								_
2007			·					-		
2006										
2005										
2004				l				+		
2 Total of line 1, column (d)								2		
3 Average distribution ratio for the	5-year base p	eriod - divide the total o	on line 2 by 5,	or by the number	of ye	ars				
the foundation has been in existe			· ·		-			3		
		,								
4 Enter the net value of noncharita	ble-use assets	for 2009 from Part X,	line 5					4		<u>-</u>
5 Multiply line 4 by line 3								5		
6 Enter 1% of net investment inco	me (1% of Par	t I, line 27b)						6		
7 Add lines 5 and 6								7		
8 Enter qualifying distributions fro	m Part XII. line	e 4						8		
If line 8 is equal to or greater tha			1b, and com	plete that part usin	ıg a 1	% tax ı	rate.			
See the Part VI instructions.										
								F	orm 990-	PF (2009)

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Forn	1990-PF (2009) Elizabeth Klein Foundation Inc.			<u> 16-</u>	1497	511		Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a)), 4940(b), 4940(e),	or 49	948	- see i	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter	"N/A" on line 1.	Ĭ					
	Date of ruling or determination letter: (attach copy of letter if necessary)	ary-see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here			1			2	17.
	of Part I, line 27b		Ī					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of F	Part I, line 12, col. (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others	s enter -0-)		2				0.
3	Add lines 1 and 2		Γ	3			2	17.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others	s enter -0-)	ſ	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5			2	<u>17.</u>
6	Credits/Payments:		ſ					
а	2009 estimated tax payments and 2008 overpayment credited to 2009	ia	1		ļ. —			
b	Exempt foreign organizations - tax withheld at source	Sb						
C	Tax paid with application for extension of time to file (Form 8868)	ic 3	00.					
d	Backup withholding erroneously withheld 6	id						
7	Total credits and payments. Add lines 6a through 6d	<u> </u>		7	1		3	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	}		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		▶	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		▶ [10				83.
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax	83. Refunde	d▶	11				0.
Pa	rt VII-A Statements Regarding Activities							
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	n or did it participate or int	ervene i	n			Yes	No
	any political campaign?					1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definiti	on)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co	pies of any materials pu	blished	or				
	distributed by the foundation in connection with the activities	•						
C	Did the foundation file Form 1120-POL for this year?					1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	r:						
	(1) On the foundation. ▶ \$ O . (2) On foundation managers. ▶	\$	0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure	tax imposed on foundation)					
	managers. ▶ \$0 .							١.
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?					2		X
	If "Yes," attach a detailed description of the activities.							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instru	ument, articles of incorpora	ation, or	-	į	_		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				ł	3		<u>x</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?					4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			N	I/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					5		X
	If "Yes," attach the statement required by General Instruction T.							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:							
	By language in the governing instrument, or							}
	• By state legislation that effectively amends the governing instrument so that no mandatory dir	ections that conflict with th	e state	law				
	remain in the governing instrument?					6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?					7	Х	
	If "Yes," complete Part II, col. (c), and Part XV.							
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	>						
	NY							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorn	ney General (or designate)						
	of each state as required by General Instruction G? If "No," attach explanation	,			ł	8b	Х	
9	is the foundation claiming status as a private operating foundation within the meaning of section	n 4942(j)(3) or 4942(j)(5) f	or caler	ndar	ļ			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," comp				ļ	9	X	<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list					10		X
					Forr	n 990	-PF	(2009)

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Form 990-PF (2009) Elizabeth Klein Foundati	on Inc.		16-14975	11 Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	nued)	
5a During the year did the foundation pay or incur any amount to:				-
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es 🗶 No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Yo	es 🗓 No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es 🗶 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	for		
the prevention of cruelty to children or animals?		Yo	es 🗶 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	om the tax because it mainta	ined		
expenditure responsibility for the grant?		/A 🔲 Ye	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 4945				1 1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	, , , , , , , , , , , , , , , , , , ,		es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.	ordenar bonom bonnadi			
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	□ v ₄	es X No	
b If yes, did the foundation receive any proceeds or have any net income attribute			. –	7b
Information About Officers Directors Truck		nagers. Highly		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part VIII Paid Employees, and Contractors	oos, i canaation ina	inagoro, riigini	,	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	· · · · · · · · · · · · · · · · · · ·	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	account, other allowances
Gary Yager	President	, , , , , , , , , , , , , , , , , , , ,		
8306 Sabine Road				
Baldwinsville, NY 13027	10.00	26,000.	0.	0.
	Vice-Presiden			
202 N. Townsend Str.				
Syracuse, NY 13203	0.00	0.	0.	0.
572404507 112 20200			1	
			-	
· ···				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	1	
	(b) Title, and average		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
NONE	devoted to position		compensation	allowalices
NONE				
		1		
	<u> </u>		 	
]	
		-		
			1	
			 _	<u> </u>
Total number of other employees paid over \$50,000		·		0
			Form 5	990-PF (2009)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	550,000.
b	Average of monthly cash balances	1b	15,000.
C	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	565,000.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	565,000.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	8,475.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	556,525.
6	Minimum investment return. Enter 5% of line 5	6	27,826.
P	postributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	.	11 500
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	11,500.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	11,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	11,500.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for th	e section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7				
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
ь Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004	*** *** * ***			***
b From 2005				
c From 2006				
d From 2007				
e From 2008	_			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ N/A			-	
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.		· -	<u> </u>
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.		•	0.
6 Enter the net total of each column as indicated below:		,		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line	· -			,
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.	* * *	**	
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	0.		.	
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				-
e Excess from 2009				
•				Form 990-PF (2009)

- a The name, address, and telephone number of the person to whom applications should be addressed:
- b The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of recipient **Amount** any foundation manager Name and address (home or business) or substantial contributor a Paid during the year Ministries to spead the word of 500. Healing Room of Greater NONE Rochester Jesus Christ Ministries to spead the word of 5,000. Maximum Impact Ministries NONE Jesus Christ Non-Profitchristmas help for 500. Northside Community NONE Police Center area children Ministries to spead the word of Salt Ministries None 500. Jesus Christ Teen Challenge Training NONE Non-Profitchriatian drug 5,000. Center rebuiltation ▶ 3a 11,500. Total b Approved for future payment None 0. Total Form **990-PF** (2009) 923611 02-02-10

Part XVI-A Analysis of Income-Producing Activit

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
•	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
a NONE					
b	_		- i		-
С					
d	1				
е	1 1				
f					
g Fees and contracts from government agencies				7-1-1	
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					3,540.
4 Dividends and interest from securities					3,540. 12,503.
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					<43,562.
9 Net income or (loss) from special events					\ 2 3,302.
10 Gross profit or (loss) from sales of inventory					·
11 Other revenue:		-			
	_				
C					
d	-		-	-	
12 Subtotal. Add columns (b), (d), and (e)	_	ſ).	0.	<27,519.
13 Total. Add line 12, columns (b), (d), and (e)				13	<27,519.
(See worksheet in line 13 instructions to verify calculations	,			···	<u> </u>

Part XVI-B	Relationship of Activitie	es to the Accomplishment	of Exempt Purposes
	The state of the s		

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).							f 				
5	Help	promote	and	inform	people	in	the	gospel	of	Jesus	Christ	
	ļ					_				_		
	<u> </u>					_						
									•			
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	1				•							

923621 02-02-10

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer or trustee Preparer's identifying number Date Check if Preparer's self-Paid Preparer's Use Only signature 11/09/ employed > X Donvito & Kukys EIN > Firm's name (or yours 1240 Wolf Street if self-employed), (315)471-4225 Syracuse, NY 13208 Phone no.

Part IV Capital Gains and Lo	sses for Tax on Investment Income						
	d describe the kind(s) of property sol rick warehouse; or common stock, 2		(b) How acquire P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)			
1a 500sh Conagra	Food inc		P	03/26/0912/24/09			
b 1000sh Patriot		-	P	06/25/0907/24/09			
c 500sh Bank of	America		P	10/21/0503/26/09			
	on Northern Sant	s Fe Corp	P	04/03/0709/25/09			
e 300sh Citigrou			P	05/16/0702/17/09			
f 700sh CSX			P	08/15/0608/31/09			
	rust NASDAQ Targ	et 15	P	04/01/0807/06/09			
h 500sh General			P	07/03/9610/01/09			
1 1000sh Keycorp			P	12/20/07/07/07/09			
400sh Norforks			P	09/27/0709/29/09			
k 200sh Occident			P	03/29/07/07/20/09			
300sh Petroleo		P	05/06/08/08/31/09				
	ail Products Inc		P	05/18/0806/25/09			
n 2250sh Tyco E1			P	06/03/0306/16/09			
o 400sh Unilever			P	08/21/0812/15/09			
	(f) Depreciation allowed	(g) Cost or other basis		h) Gain or (loss)			
(e) Gross sales price	(or allowable)	plus expense of sale	(e)	plus (f) minus (g)			
a 11,630.		8,454.		3,176.			
<u>b</u> 8,220.		6,400.		1,820.			
<u>c</u> 3,801.		21,095.		<17,294.>			
d 16,156.		16,394.		<u> </u>			
e 948.		16,488.	. <u>. </u>	<u><15,540.</u> >			
f 29,784.		21,444.		8,340.			
g 25,323.		32,240.		<u><6,917.</u> >			
h 8,035.		18,434.		<10,399.>			
1 21,449.		19,310.		<u>2,139.</u>			
18,278.		20,868.		<2,590.>			
k 13,690.		10,056.		3,634.			
11,803.		19,909.		<u> <8,106.</u> >			
m4,855.		5,575.		<720.>			
n 5,015.		5,368.		<353.>			
0 11,292.		10,922.		370.			
Complete only for assets showing	ng gain in column (h) and owned by	the foundation on 12/31/69		osses (from col. (h))			
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (1) over col. (j), if any		s of col. (h) gain over col. (k), not less than "-0-")			
a	- 300		**	3,176.			
b			**	1,820.			
c				<17,294.>			
d				<238.>			
e				<15,540.>			
f				8,340.			
0				<6,917.>			
<u>ч</u>				<10,399.>			
<u>"</u>				2,139.			
:				<2,590.>			
<u> </u>				3,634.			
<u>n</u>				<u> </u>			
m				<0,106.> <720.>			
<u>m</u>				<120.> <353.>			
<u>n</u>	<u> </u>		·				
0	0 370.						
2 Capital gain net income or (net ca	pital loss) { If gain, also enter -0	n Part I, line 7	2				
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) an						
If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8	column (c).	hu (U).					
in (1000), Giller TOT III Fait I, IIIIE C	·		3				

Part IV	Capital Gains and Los	sses for Tax on Investment Income				
	(a) List and 2-story br	describe the kind(s) of property so ick warehouse; or common stock, 2	ld, e.g., real estate, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(ino., day, yi.)	(mo., day, yr.)
1a 300s	sh XTO Energ	gy Inc		P	08/26/08	12/15/09
b						
С						
d						
е			. ===			
<u>f</u>		<u>. </u>				
g						
<u>h</u>						
<u> </u>				- 		
<u> </u>					-	
l I				· -		
<u>. </u>						
n				1		
0						
	iross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) (e) p	Gain or (loss) lus (f) minus (g)	
<u> </u>	14,295.	·	15,179.			<884.
						-
<u> </u>						
		11111				
-		·	ļ			 .
[· · · · · · · · · · · · · · · · · · ·				
!						
						
	e only for assets shown	g gain in column (h) and owned by	the foundation on 12/31/69	(1) L ns	ses (from col. (h))	-
	.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of	of col. (h) gain over ot less than "-0-")	col. (k),
				···		<884.
				· · · · ·	-	_
·						
		····				
			 			
<u> </u>				-		
<u> </u>			 			
)			1			
	ain net income or (net ca		r in Part I, line 7 0-" in Part I, line 7			<43,562.
If gain, al	-term capital gain or (los so enter in Part I, line 8, i enter " 0." in Part I, line 8	s) as defined in sections 1222(5) a column (c).	nd (6):			1 006

Form 990-PF Interest on Sav	ings a	and Tem	porary Ca	ash Ir	vestments	Sta	atement	1
Source							Amount	
M & T Bank Checking Wells Fargo Advisors					,		3,5	8. 32.
Total to Form 990-PF, Part I	, line	e 3, Co	lumn A				3,5	40.
Form 990-PF Dividen	ds and	d Inter	est from	Secur	rities	Sta	atement	2
Source		Gross	Amount		tal Gains vidends	C	olumn (A) Amount)
Wells Fargo Advisors			12,503.		0.		12,50	03.
Total to Fm 990-PF, Part I,	ln 4		12,503.		0.		12,50	03.
Form 990-PF		Legal	Fees			Sta	atement	3
Description	Expe	(a) enses Books	(b) Net Inverse ment Inc		(c) Adjusted Net Incom		(d) Charital Purpose	
Legal .		3,331.		0.	· · · · · · · · · · · · · · · · · · ·	0.	·	0.
To Fm 990-PF, Pg 1, ln 16a		3,331.		0.		0.		0.
Form 990-PF	A	ccounti	ng Fees			St	atement	4
Description	Expe	(a) enses Books	(b) Net Inverse Inc		(c) Adjusted Net Incom		(d) Charital Purpose	
Accounting		2,300.		0.		0.		0.
To Form 990-PF, Pg 1, ln 16b	1	2,300.		0.		0.		0.
_								$\overline{}$

Form 990-PF	Tax	es	Statement 5			
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income		(d) Charitable Purposes	
Payroll Taxes	1,989.	0.	0		0.	
State Unemployment	179.			•	0.	
Filing Fees Federal Incone Tax	100. 107.	0. 0.) .	0. 0.	
To Form 990-PF, Pg 1, ln 18	2,375.	0.	0	· ·	0.	
Form 990-PF	Other E	xpenses		Statement	6	
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charita Purpos		
Post Office Box	0.	0.			0.	
Insurance	1,191.	0.).).	0.	
Advertising Investment Advisor Fees	7. 5,199.	0. 5,199.) .	0.	
Foreign Tax	200.		0) .	0.	
To Form 990-PF, Pg 1, ln 23	6,597.	5,199.	0	·	0.	
Form 990-PF	Corporat	e Stock		Statement	7	
Description		Вос	ok Value	Fair Marke Value	t	
1000sh Bristol Myers Squibb 1400sh Exxon-Mobil 500sh General Electric Co. 1500sh Pfizer 150sh JDS Uniphase Corp 250sh Tyco International Ltd 2000sh Cisco Systems Inc 500sh Walt Disney Co 200sh IBM 250sh Teva Pharnacuetical ADS 500sh Bank of America 900sh Proctor & Gamble Co. 814.74sh Franklin Templeton 200sh Zimmer Holding Inc.	R	đ	46,965. 8,469. 18,434. 69,375. 20,325. 12,997. 43,119. 13,433. 17,629. 6,150. 0. 50,701. 11,866. 10,900.	25,2 27,2 7,5 27,2 1,2 8,9 47,8 16,1 26,1 14,0 54,5 7,8	76. 65. 85. 20. 80. 25. 80. 45.	

. Elizabeth Klein Foundation Inc	c.		16-1497511
400sh CSX		19,374.	19,396.
800sh Duke Energy Corp.		14,207.	13,768.
1300sh Oracle Corp.		23,567.	31,889.
100sh Burlington Northern Santa	Fe Corp	8,197.	9,862.
300sh Citigroup Inc		0.	0.
2000sh Ericsson Tel-Sp ADR		31,391.	18,380.
400sh Norfolk Southern Corp		0.	0.
200sh Occidental Pete Corp		16,794.	16,270.
1000sh Keycorp Capital IIX 6.75		0.	0.
200sh Petroleo Brasileiro Spon	ADR	14,037.	9,536.
500sh Portec Rail Products Inc		0.	0.
400sh Unilever PLC Spons ADR	0.	0.	
300sh XTO Energy		0.	0.
1000sh Bank of America	19,100.	21,890.	
3305sh First Trust NASDAQ Target	0.	0.	
990sh First Trust NASDAQ Target	0.	0.	
200sh Microsoft		4,815. 25,187.	6,096.
2582shFirst Trust NASDAQ Target	15 3rd		33,566.
1000sh Ford Motor Co		17,191.	22,320.
500sh Merck & Co		15,329.	18,270.
500sh American Water Works Co		10,249.	11,205.
2000sh Sprint Nextel Corp		7,356.	7,320.
300sh BP PLC SPON ADR		17,147.	17,391.
1000sh Chesapeake Energy Corp		24,818.	25,888.
992.7030sh First Trust NADAQ Tax	rget 15	9,683.	10,562.
Total to Form 990-PF, Part II,	line 10b	608,805.	569,661.
Form 990-PF (Other Liabilities		Statement 8
Description		BOY Amount	EOY Amount
State Withholding		217.	217.
Federal Withholding		1,169.	1,169.
Total to Form 990-PF, Part II,	line 22	1,386.	1,386.

Form 8	868 (Rev. 4-2009)			Page 2
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	×		▶ 🛣
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		8868.	
● If ye	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Par	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies r	reeded)	
Туре	Name of Exempt Organization	Empl	loyer iden	tification number
print	Elizabeth Klein Foundation Inc.	1	6-149	7511
File by t extende due date filing the	Number, street, and room or suite no. If a P.O. box, see instructions.	For IF	RS use on	ly
return S	ee City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	k type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	=	orm 5227 orm 6069	Form 8870
STOP	! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	sly file	d Form 8	868
Tel If ti If ti box 4 5 6 7	e books are in the care of 202 N. Townsend Street - Syracuse, NY 1 ephone No (315)472-6388 FAX No. ne organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the distribution of the group, check this box and attach a list with the names and EINs of all request an additional 3-month extension of time until November 15, 2010 For calendar year 2009, or other tax year beginning If this tax year is for less than 12 months, check reason State in detail why you need the extension We need additional Time to complete the return	s is for	r the whole	e group, check this
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated.	8a	\$	300.
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	300.
	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.
	Signature and Verification		Ψ	
Under it is tru	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the e, correct, and complete, and that I am authorized to prepare this form.			edge and belief,
Signat		Date		10/20/0
	1 00		For	m 8868 (Rev. 4-2009)

Form 8868	(Rev. 4-2009)		_		Page 2
Note. Onl	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and y complete Part II if you have already been granted an automatic 3-month extension on a process of the complete Part II if you have already been granted an automatic 3-month extension on a process of the complete Part II if you have already been granted an automatic 3-month extension on a process of the complete Part II if you have already been granted an automatic 3-month extension.				. ▶ [X]
• If you a Part II	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Additional (Not Automatic) 3-Month Extension of Time. Only file the	orginal (no co	nies n	eeded)	
rait II	Name of Exempt Organization	original (no co			tification number
Type or	Name of Exempt Organization		Linbi	oyer iden	dicadon number
print	Elizabeth Klein Foundation Inc.	4 4	1	6-149	7511
File by the extended	Number, street, and room or suite no. If a P.O. box, see instructions.			S use onl	
due date for filing the	PO Box 549	The state of the s			
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Baldwinsville, NY 13027-0549				
Fon		n 1041-A [n 4720 [≓ ∵	rm 5227 rm 6069	Form 8870
STOP! Do	not complete Part II if you were not already granted an automatic 3-month extension	on a previous	ly file	d Form 8	368.
Teleph If the o If this i box ► [4 I rec 5 For 6 If th 7 Star		x	s is for	the whole	group, check this
8a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less	any			
	refundable credits. See instructions.		8a	\$	300.
b if th	is application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and es	timated			
tax	payments made. Include any prior year overpayment allowed as a credit and any amount p	aid	8		
	viously with Form 8868		8b	\$	300.
	ance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required	-			^
with	n FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See Signature and Verification	instructions.	8c	\$	0.
Under pena it is true, co Signature	alties of perjury, I declare that I have examined this form, including accompanying schedules and statem orrect, and complete, and that I am authorized to prepare this form.				

923832 05-26-09

Form **8868** (Rev. 4-2009)